

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085275

1. Corporation Name

ENTERTAINMENT PRODUCTION SYSTEMS, INC.

FILED

03 OCT 23 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2221 N FORSYTH RD  
SUITE I  
ORLANDO FL 32802-5335  
32807

2221 N FORSYTH RD  
SUITE I  
ORLANDO FL 32802-5335  
32807

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



400024048834

10/23/03--01052--020 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1996

5. FEI Number

59-3409195

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	ZORICH, MARK J	14600 GAINESVOROUGH DR	ORLANDO FL
P	GARAFOLA, DENISE M	14600 GAINESVOROUGH DR	ORLANDO FL

REINSTATEMENT 10/15/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARAFOLA, DENISE M  
2221 N FORSYTH RD  
SUITE I  
ORLANDO FL 32802-5335

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-15-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 (407)  
Denise M. Garafola 679-66665  
Date Daytime Phone #

CR2E040 (7/03)



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Date: October 15, 2003

Attn: To Whom it May Concern:  
To: Department of State

Re: Uniform Business Report (P96000085275)

To whom it may concern:

I spoke with one of your representatives (Ruby) this morning concerning the UBR for this year. I advised her that I had already sent out my UBR in April and that I received a letter of dissolution in the mail today. I never received the 2 prior notices saying that you never received my completed form and she advised me to resend my payment of \$150.00 with the new report.

If you happen to look through your records and find that you have a check from Entertainment Production Systems, Inc., check #13045 (checking with the bank, it has never been cashed) could you please return it to me.

Thank you for your time and I sincerely apologize for any inconvenience to you by this misunderstanding. If you have any questions, feel free to call us at 407-679-6665.

Sincerely,

*Cheryl L. Neidl*  
Cheryl Neidl  
Office Manager

cln

encls.